

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.  
in order of birth stated.

BLANKS RESERVED FOR BINDING

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>De La</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>114</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>581</u>
Town of <u>Miami</u>	No. <u>3510 Turkey Shoot Can</u>		Local Registrar No. _____
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		Ward _____
City of _____	2. Full name of child <u>Edwardo Horta</u>		If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Sept. 6-1923</u>	7. Month _____	8. Day _____	9. Year _____
FATHER		MOTHER	
10. Full name <u>Juan Horta</u>	11. Full maiden name <u>Guadalupe Chico</u>		
12. Residence (Usual place of abode) <u>Miami, Ariz.</u>	13. Residence (Usual place of abode) <u>Miami, Ariz.</u>		
14. Color or race <u>Mex.</u>	15. Color or race <u>Mex.</u>		
16. Age at last birthday <u>34</u> (Years)	17. Age at last birthday <u>27</u> (Years)		
18. Birthplace (city or place) <u>Chihuahua</u>	19. Birthplace (city or place) <u>Sonora</u>		
(State or country) <u>Mexico</u>	(State or country) <u>Mexico</u>		
20. Occupation <u>Miner</u>	21. Occupation <u>Housewife</u>		
Nature of industry	Nature of industry		
22. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>5</u>		(b) Born alive but now dead <u>4</u>
	(c) Stillborn _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3 A.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. M. Crow M.D.</u>	
Given name added from _____		Address <u>Miami, Ariz.</u>	
Month, day, year.		Filed <u>Sept 30</u> 19 <u>23</u>	
Registrar.		County Registrar.	

581-406-736